

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

02 MAY -3 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000011000**

1. Corporation Name

BEACH and Associates Insurance, Inc

2. Principal Office Address

1471 Timberlane Road

Suite, Apt. #, etc.

Suite # 126

City & State

Tallahassee Florida

Zip

32312

Country

Leon

3. Mailing Office Address

1471 Timberlane Road

Suite, Apt. #, etc.

Suite # 126

City & State

Tallahassee Florida

Zip

32312

Country

Leon

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/12/1993

5. FEI Number

650388190

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

99-02 UBR

7. Name and Address of Current Registered Agent

Name

Robert L. Beach

Street Address (P.O. Box Number is Not Acceptable)

1471 Timberlane Road

Suite, Apt. #, Etc.

Suite # 126

City

Tallahassee

200005695542-8

-06/06/02--01097--004

******608.75 ****608.75**

State

FL

Zip Code

32312

CR2E081 (9/01)

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

R L Beach

Date

5/3/02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Robert L. Beach	1471 Timberlane Rd #126	Tallahassee Florida 32312

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

R L Beach

Robert L. Beach

5/3/02

850 668 6162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #